

North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
November 3, 2006
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Libby Jones, Dorothy Best, Jeff McCloud, Katie Sawyer, Mary Edwards, Dan Fox, Mary Recca Todd, Emily Moore, Martin Pharr, Sheila Wall-Hill, Beverly Varner, Carolyn Wiser, Tisha O’Neal Gamboa, Laura White, Esther High, and Ed Seavey joined the meeting by phone. **Others:** Mike Moseley, Iris Rubin, Karen Stallings, and Linda Swann. **Staff to Council:** Susan Robinson and Lisa Jackson.

Call to Order/Introductions/Approval of Minutes

Libby Jones, Chair of the Council, called the meeting to order and welcomed everyone. Minutes from the October 6, 2006 meeting were approved with changes.

Open Discussion with Division Director Mike Moseley

Council members introduced themselves to Director Moseley and he indicated that he would like to have an informal discussion with them.

Mr. Moseley had recently been to a meeting with other Mental Health State Program Directors and shared some of the results of a preliminary report that the directors had reviewed and discussed around critical issues in the field of mental health. Following are some of the report findings and concerns:

- the need to develop more treatment facilities for sexually violent predators
- there is an increase in the number of forensic beds
- the need for training and workforce development in treating those with co-occurring disorders
- operationalizing evidence-based practices in the field
- issues around Medicaid funding & access to services for those without Medicaid
- there is litigation stemming from the Civil Rights of Institutionalized Persons Act (CRIPA)
- the importance of housing and employment in terms of recovery
- the need to ensure that people in such settings as the criminal justice system, adult care homes, and nursing facilities have adequate services

Some states are just starting to plan for their transformation, whereas, North Carolina started planning in 2001. Mr. Moseley indicated that he was pleased with the partnering and collaboration that he has seen in our system.

Mr. Moseley did say that one piece of transformation that still needs a bit more work is the governance piece in relation to the Local Management Entities (LMEs). LMEs have dealt with leadership, financial, and divestiture issues in recent years. LMEs were never codified in statute. To whom was the LME responsible and accountable? Earlier the State had limited authority in terms of its ability to hold LMEs accountable for the performance of their administrative functions. Furthermore, the cost model, which was developed to support the financing of the LME functions, needed some work to ensure that the LMEs received sufficient funding to carry out their responsibilities. House Bill 2077 has helped with these issues. In addition, Consumer and Family Advisory Committees or CFACs have now been codified. The CFACs had been created under the State Plan, but now are codified in statute and can function as intended by law. The Commission for MH/DD/SAS can also look at possible rules-making related to CFACs.

The mh/dd/sas system has just received the largest single year appropriation in its history, and while we are very pleased with this appropriation, the funding isn’t adequate to repair the whole system. To try to develop sustainable provider capacity, the Division is in negotiation with persons who will work with

provider agencies and LMEs, as DHHS consultants, in a variety of areas that may include information technology, small business development, and finance.

In late 2005, Mr. Moseley felt that the Division needed to focus more targeted attention on the provider community. A survey was developed and last fall, it was sent out to all providers. Five hundred providers responded. Survey questions included: *What barriers are keeping you from being successful? What do we (the Division) need to do to help with that? What are short & long term issues?* Once feedback was submitted, there were 2 provider summits. The Division staff wanted to glean from them the things that the Division needs to focus on and address. A provider action agenda, issued in February 2006, came about as a result of the provider summit. There is a provider agenda committee that is starting to make recommendations back to the Division.

Contracts are developed between the LMEs and the Department of Health and Human Services and include performance expectations regarding the LME functions. The Department will have the authority to withdraw a particular function if the LME cannot perform it appropriately. There were 9 functions that the LMEs had to carry out and funding for them has been covered by State and Medicaid money; functions included governance, provider relations, consumer affairs, and service management, among others. A cost model was developed which indicated what the state would pay the LMEs to perform its administrative functions. The model was based on the presence of not more than 20 LMEs, not 30 as we currently have. Therefore, the cost model was not sustainable given the amount of funds available to the Division to support it. The state had previously sought to force the consolidation of certain functions, such as screening, triage and referral as well as utilization review, since it could not force LME mergers.

Questions and comments posed to Mr. Moseley:

Since the cost model was based on the presence of 20 LMEs and we have 30, is there still a push to lower this number? Mr. Moseley responded that the Division had, for the current fiscal year, lowered LME administrative allocations by 10% in those instances where the required general population and/or number of counties threshold were not being met. This funding reduction methodology, which was undertaken to force additional merger activity, has now been enacted in law. As a result of this action, several LMEs that were not previously discussing merger possibilities are now doing so.

Director Moseley went on to say that we need to focus on building strong Consumer and Family Advisory Committees (CFACs). Local county leaders were attending to this, but there has been a great deal of inconsistency in terms of how CFACs have been established and have been operating. Now that it is codified in statute, the need for the CFAC themselves to clearly define and operationalize their functions is essential. There is also the need to get more people involved in the local CFACs and Chris Phillips in the Customer Advocacy Section is a good resource for these efforts.

A question was raised about trying to force functions with the LMEs and how did Director Moseley perceive screening, triage, and referral (STR) and utilization review in 5 years? He said that LME functions have been addressed per House Bill 2077, which dictates those functions that the LMEs are to carry out. He added, however, that the NC Council and Division staff were currently meeting to address to better clarify the intent of various functions and to ensure that functions pertaining to service management and provider relations are strengthened.

Another concern was about inadequate numbers of acute inpatient hospital beds. Mike said that we need to develop a crisis services system so that we can divert consumers from unnecessary state facility admission to more community-based options. Last year we were supposed to downsize inpatient acute care hospital beds, but this process was suspended in order to keep the safety net in place until appropriate community crisis services are in place.

The Division is charged with working on plans, with the assistance of a consultant, to establish 15 cross LME regional areas to develop a range of crisis (including acute care) services. The plans are due to the Division by March, 2007.

A question came up about workgroups which focus on co-occurring disorders. Mike said that rather than establishing workgroups, the Division has determined that issue needs to be addressed in the person centered planning process with the appropriate people are involved representing relevant disability areas.

Director Moseley and Dr. Mike Lancaster (Chief of Clinical Policy) have been meeting with university staff to ensure that future courses of study are consistent with the changing directions of the State's service delivery system. Another workforce issue is the need to increase the flexibility or scope of practice of certain licensed and certified professionals to take the load off of other practitioners such as psychiatrists.

A comment came up about adequate funding and how some providers may be reluctant to continue participating in the delivery of services. They need assurance that adequate funding is in place to sustain their commitment. In addition, it was mentioned that some providers are not able to wait long periods of time for reimbursement. Mr. Moseley spoke about the service gap analysis being done by consultant Chris Thompson. Even though our current system is under funded, the Division is planning to look futuristically at it and look at not only the level of expansion dollars needed over time, but also existing funds within the system that could perhaps be re-directed for other use.

Another concern about room/board costs for children in residential treatment facilities. There are some children for whom SSI should be pursued, but some parents tend to keep their child's SSI check rather than give it to the provider who is providing the child's room and board. Mr. Moseley stated that the Division has to look at every funding stream, as we do not have enough money for children's treatment services, let alone room and board needs as well. Council members stated that parents need to be included in this dialogue.

A related concern was that this issue spills over into housing. It was mentioned that someone living on SSI benefits alone cannot afford a home and has a need for services in addition to that. People need more housing options, and even though people can enter into home ownership without a down payment, it can become a burden if they are financially overwhelmed. Quality affordable rental housing may be a better option.

In ending his presentation, Mr. Moseley thanked the Council for its hard work and asked the members to continue to advocate, by applying pressure to the Division if needed, as the State moves forward in addressing the goals of transformation.

Committee Meeting Reports

Adult Sub-Committee: Adult Sub-Committee members met and reviewed and provided thoughtful input on the North Carolina Community Mental Health Services Implementation Report for SFY 2005-06 which was submitted on December 1st. Council members reviewed the three main narrative sections containing information on these topics:

- 1) Summary of areas which the State identified in the prior fiscal year's approved Plan as needing improvement
- 2) Summary of the most significant events that impacted the mental health system of the State in the previous fiscal year
- 3) Summary of Mental Health Block Grant monies expended (grant recipients and activities)

Committee members discussed how to find providers in a particular area and resources include the annual directory that is published by the North Carolina Council of Community Programs, contacting the Local Management Entity in a specific locale, etc. (Editorial note: In the redesigned Division website, there is a

link to the endorsed provider database and a link to each of the LMEs and their websites. These sites contain a wealth of information not only about the LMEs, but about the individual providers and the services that they offer.)

There was discussion around the Geriatric Specialty Team and their role as they train care-givers who work with the elderly that are at risk for psychiatric hospitalization in attempts to keep them in the community. These team members provide technical assistance to Long Term Care providers and home-based caregivers.

Adult Committee members went on to review and ask questions about the 16 Performance Indicator Tables in the adult section of the report; these tables included indicators that are designated as National Outcome Measures (NOMs) and other indicators that are state-designated indicators. Discussion came up around the performance indicator table for the National Outcome Measure that reflects the provision of the Evidence-Based Practice of Assertive Community Treatment Team services. Members asked about how the evidence-based practices relate to the service definitions and how the practices are tracked through the definitions that can support them.

Adult Committee members were asked to come up with the most important items that they would like to see highlighted or mentioned as recommendations in the transmittal letter from the Planning Council when the Implementation Report is submitted to LouEllen Rice, Grants Management Officer, for the Substance Abuse Mental Health Services Administration. These are the items which the Adult Committee felt should be highlighted:

- One of the Adult Committee's priorities involves informed choice, and learning about the qualifications/credentials of providers, with discussion around developing provider report cards. Self-advocacy training could be a part of orientation for all individuals receiving services. We also need to ensure that direct care staff have an understanding of the recovery model in service delivery through on-going in-service training for them as well.
- Another priority is to increase housing options for those with mental illness (there is a related need for those younger adults with mental illness to have increased appropriate housing options, as at least on some occasions, these young people have gone to Long-Term Care Homes). A related priority is to have housing available with support services, especially as people are deinstitutionalized from hospitals and need a safe place to go.
- Funding should be made available to establish and sustain Drop-In Centers, Peer-Run Support Groups and Consumer Operated Services.
- Older adults living in their homes should have services that are tailored to their specific needs.
- Striving for continuous quality improvement based on consumer and family satisfaction surveys is another priority of the Adult Sub-Committee.
- There should be increased opportunities for community meetings at reasonable times for consumers to provide and receive input, with a focus on assertive community outreach and education.

Child/Family Sub-Committee: Child/Family Committee members met and provided input on the North Carolina Community Mental Health Services Implementation Report for SFY 2005-06 which was to be submitted on December 1st. Priorities/highlights of the Committee for Children, Adolescents, Youth in Transition and Their Families were as follows:

- ◆ Sustain the implementation of a System of Care statewide.

- Great strides have been made in initial implementation. System of Care serves as the organizing framework that supports and promotes prevention, early intervention, treatment and recovery for individuals of all ages and abilities and their families/significant others. Supporting Evidence Based Practices within a System of Care requires improved ability to measure and monitor outcomes at the system and consumer/family levels. We see improvements, but this must continue in order to shape better practices. It is anticipated that as we are able to sustain a comprehensive System of Care, we will see increased efficient use of limited funding and informal resources with more children and families being better served.

- ◆ Continue to increase and sustain family/youth support, involvement and advocacy in all communities across the state and in every level of the decision and policy making process, education and personnel preparation and service delivery.

- We continue to encourage the implementation of strategies that support a unified approach to assuring consumer and family involvement across systems. Much can be learned from those that have proven effective in other states and communities over time.

- ◆ Continue to work with youth, families, providers, community partners and stakeholders to improve outcomes for children and families involved with the justice and education systems, especially those who are in transition and those who are homeless.

- ◆ Strengthen strategies in person centered planning, family driven and youth guided informed decision making that includes families as partners in both the planning and in funding decisions, especially in working with the provider community.

- Resources are limited, families and youth can help in effective use of these resources when well informed and involved as partners.

- ◆ As training requirements and curricula are developed, assure that families and youth are involved as partners, developers, and trainers, especially in child and family team/person centered planning and thinking.

- Over the past several years, the Division of MHDDSAS has been a facilitator and leader in this practice without formal policy in place. Other agencies have followed the Division's leadership. Together, aligning policy and practice in this area, the system at large can only be strengthened and sustained.

Committee Reports and Other Business (Including transmittal letter to accompany Block Grant Implementation Report)

The Adult and Child Committee reports were given to the full Council by Tisha O'Neal Gamboa and Sheila Wall-Hill.

Planning Council members were given 2 handouts at this meeting, one of which was the Mental Health Planning Council Meeting Schedule for 2007 and the other handout focused on planning for SFY 2006-07 Council meetings and discussion of Block Grant criterion priorities as a basis for informing the Council. This handout covers the outline for the three remaining Council meetings in this fiscal year. Block Grant criterion is indicated as well as the Council's priorities around that particular criterion, along with resource information needed, who is identified as a resource contact for the information being solicited, and future steps for the Council at large or the Child or Adult Committee (in terms of whether additional information is needed, are there recommendations to be made, or is there a request for a future update).

The next topic of business was to discuss the contents of the transmittal letter that will accompany the Implementation Report. The transmittal letter will included the recommendations/highlights as just discussed in committee. Council members agreed and the motion was made and carried that the letter would go to the Executive Committee for final approval and then Libby Jones would sign off on it as Council Chair.

Beverly Varner did announce today that Guildford County has asked her to be on the committee which conducts the homeless count when it is done in January, 2007. Since this is an important priority of the Council's, Beverly agreed to report back to the Council once she has completed this task.

National Alliance for the Mentally Ill Contract Report Presentation

Linda Swann from NAMI (National Alliance for the Mentally Ill)-NC delivered a contract report in the afternoon session of the Council. She discussed the contracts which are supported by Mental Health Block Grant funds, such as the Family to Family contract, and the Young Families contract. Through contracts such as these, peer support is offered to families around the state. Sandhills LME also supports this effort by providing funding to the family advocacy support component. In Moore and Hoke Counties, funds are available in the amount of \$14,000 that can go towards salary for staff (e.g., to pay social workers to work with youth, etc.). Other counties have money to pay a stipend for a leader/facilitator to run a support group. Tristan's Quest is one example of this type of support group. Anywhere between 38-65 persons may attend a support group such as this.

Linda presents to parents and teachers. She educates about what it means to the child in the classroom setting to have a disorder. Also, through Block Grant funds, she can pay for consumers to go with her through the use of a stipend and help her present. Linda had done 33 workshops with 1028 parents and professionals attending. She also helps take calls on the hotline. She works with parents in family advocacy sessions. She also utilizes Block Grant funds to help create and disseminate brochures to help educate the community. In the education piece of her work with Family to Family, she completed 23 classes with 316 parents participating during 2005-06; in 2006-07 to date, she has completed 5 classes with 72 participants. She does 2-day trainings for teachers, which is also available in Spanish. Thirteen new teachers have gone through her training so far this year.

One of her new projects is "In Our Voices" which is a video with individuals interjecting their own story about mental illness. Another new initiative is to create a circle of care, by raising awareness and reducing stigma especially among faith based groups and would include the type of support found in Family to Family groups in a Sunday school format.

Wrap-Up

The Council recognized Libby Jones for her hard work and guidance in serving as Chair of the Council over the last two years. Council elections will be held in the January meeting which is scheduled for January 5, 2007. There will not be a meeting in December. Libby thanked everyone for their attendance, mileage reimbursement forms were completed, and Libby adjourned the meeting.